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The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ KR

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only

Identification of IPEA		Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION		Applicant's or agent's file reference PCTA/MEDI/2
International application No. PCT/KR03/00922	International filing date (day/month/year) 09 MAY 2003(09.05.2003)	(Earliest) Priority date (day/month/year) 09 MAY 2002(09.05.2002)
Title of invention A PHARMACEUTICAL COMPOSITION FOR TREATMENT OF WOUNDS CONTAINING RI OOD PI ASMA OR SERI IM		
Box No. II APPLICANT(S)		
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) MEDIGENES #1822, Hyundai Venture Vill B/D, 713 Suseo-Dong, Gangnam-Gu, Seoul 135-539, Republic of Korea		Telephone No. 82-2-451-9928 Facsimile No. 82-2-451-9948 Teleprinter No. Applicant's registration No. with the Office
State (that is, country) of nationality: KR	State (that is, country) of residence: KR	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) LEE, Sang-Yup #212-702, Expo Apt., 464-1 Jeonmin-dong, Yuseong-gu, 305-390 Daejeon, Republic of Korea		
State (that is, country) of nationality: KR	State (that is, country) of residence: KR	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) CHANG, Kyung-Hee #1109, LG Palace, 165-8 Donggyo-dong, Mapo-gu, 121-200 Seoul, Republic of Korea		
State (that is, country) of nationality: KR	State (that is, country) of residence: KR	
<input checked="" type="checkbox"/> Further applicants are indicated on a continuation sheet.		

Sheet No. 2.

International application No.
PCT/KR03/00922

Continuation of Box No. II APPLICANT(S)

If none of the following sub-boxes is used, this sheet should not be included in the demand.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

KEUM, Ki-Chang

#101-402, Samsung Apt., Sinjeong-dong, Yangcheon-gu,
158-070 Seoul, Republic of Korea

State *(that is, country)* of nationality:
KR

State *(that is, country)* of residence:
KR

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

YOO, Nae-Choon

#101, Hyundai Villa Da-dong, 45-24 Yeonhui 3-dong, Seodaemun-gu,
120-113 Seoul, Republic of Korea

State *(that is, country)* of nationality:
KR

State *(that is, country)* of residence:
KR

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

YOO, Won-Min

48 Dongsomun-dong 3-ga, Seongbuk-gu,
136-033 Seoul, Republic of Korea

State *(that is, country)* of nationality:
KR

State *(that is, country)* of residence:
KR

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

LEE, Gene

#263-101, Dongil Sweet Apt., Sanghyunni, Suji-eup, Yongin-si,
449-843 Gyeonggi-do, Republic of Korea

State *(that is, country)* of nationality:
KR

State *(that is, country)* of residence:
KR

☐ Further applicants are indicated on another continuation sheet.

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☐ agent ☐ common representative
 and ☐ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

MEDIGENES

#1822, Hyundai Venture Vill B/D
 713 Suseo-Dong, Gangnam-Gu, Seoul 135-539
 Republic of Korea

Telephone No.

82-2-451-9928

Facsimile No.

82-2-451-9948

Teleprinter No.

Agent's registration No. with the Office

☒ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☐ the international application as originally filed

the description ☒ as originally filed

☐ as amended under Article 34

the claims ☐ as originally filed

☐ as amended under Article 19 (together with any accompanying statement)

☒ as amended under Article 34

the drawings ☒ as originally filed

☐ as amended under Article 34

2. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.

3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English

☐ which is the language in which the international application was filed.

☐ which is the language of a translation furnished for the purposes of international search.

☒ which is the language of publication of the international application.

☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Sheet No. 4.

International application No.
PCT/KR03/00922

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|----------|
| 1. translation of international application | : | sheets |
| 2. amendments under Article 34 | : | 3 sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | sheets |
| 5. letter | : | sheets |
| 6. other (specify) | : | sheets |

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received not received

<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listings in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (specify): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).

MEDIGEN

LEE, Sang-yup

KEUM, Ki-Chan

YOO, Won-Min

CHANG, Kyung-He

YOO, Nae-Choon

LEE, Gene

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.

☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/KR03/00922	For International Preliminary Examining Authority use only													
Applicant's or agent's file reference PCTA/MEDI/2	Date stamp of the IPEA													
Applicant MEDIGENES et al														
CALCULATION OF PRESCRIBED FEES														
1. Preliminary examination fee	150,000	<div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; text-align: center; line-height: 15px;">P</div>												
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	190,000	<div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block; text-align: center; line-height: 15px;">H</div>												
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<div style="border: 1px solid black; width: 150px; height: 30px; display: inline-block; text-align: center; vertical-align: middle;"> 340,000 </div>													
<div style="border: 1px solid black; width: 100px; margin: 0 auto; padding: 2px 10px;">TOTAL</div>														
MODE OF PAYMENT														
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%; vertical-align: top;"> <input type="checkbox"/> authorization to charge deposit account with the IPEA (see below) </td> <td style="width: 35%; vertical-align: top;"> <input checked="" type="checkbox"/> cash </td> <td style="width: 30%;"></td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> cheque </td> <td style="vertical-align: top;"> <input type="checkbox"/> revenue stamps </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> postal money order </td> <td style="vertical-align: top;"> <input type="checkbox"/> coupons </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> bank draft </td> <td style="vertical-align: top;"> <input type="checkbox"/> other (specify): </td> <td></td> </tr> </table>			<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input checked="" type="checkbox"/> cash		<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps		<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons		<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
<input type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input checked="" type="checkbox"/> cash													
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps													
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons													
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):													
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT <i>(This mode of payment may not be available at all IPEAs)</i>														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Authorization to charge the total fees indicated above. </td> <td style="width: 50%; vertical-align: top;"> IPEA/ _____ </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above. </td> <td style="vertical-align: top;"> Deposit Account No.: _____ </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> Date: _____ </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> Name: _____ </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> Signature: _____ </td> </tr> </table>			<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____	<input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____		Date: _____		Name: _____		Signature: _____		
<input type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ _____													
<input type="checkbox"/> (<i>This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit</i>) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: _____													
	Date: _____													
	Name: _____													
	Signature: _____													

SUBMISSION OF AMENDMENTS

To : Commissioner of the Korean Intellectual Property Office

International Application No.	PCT/KR03/00922	International Filing Date	09 MAY 2003	Priority Date	09 MAY 2002
Applicant	Name	MEDIGENES et al	Residence Reg. No.	Country of Nationality	KR
	Address	#1822, Hyundai Venture Vill B/D, 713 Suseo-Dong, Gangnam-Gu, Seoul 135-539, Republic of Korea			
Agent	Name		Agent's Code	Tel. No.	
	Address				
<p> <input type="checkbox"/> Submitted hereby is a correction pursuant to Article 106-33(2) of the Enforcement Regulations of the Patent Law. <input checked="" type="checkbox"/> Submitted hereby is a correction pursuant to Article 106-36(3) of the Enforcement Regulations of the Patent Law. <input type="checkbox"/> Submitted hereby is a correction pursuant to Article 106-40(5) of the Enforcement Regulations of the Patent Law. </p> <p style="text-align: right;">Date(day/month/year) 5 December 2003</p> <p style="text-align: right;">Applicant MEDIGENES (Seal)</p>					
<p> ※ Attached Document(s) : 1. Two copies of written amendments 2. A statement explaining the amendments and its reason </p>					

WHAT IS CLAIMED IS:

1. A pharmaceutical composition for the treatment of wounds,
comprising a pharmaceutically effective amount of blood
plasma as an active agent.

2. The pharmaceutical composition according to claim 1,
wherein pH is in the range of 3.5 to 6.6

3. The pharmaceutical composition according to claim 1,
wherein the active agent is derived from livestock.

4. The pharmaceutical composition according to claim 1,
wherein it is topically administered.

5. The pharmaceutical composition according to claim 1, in
the form of creams, ointments, gels, liquids or patches.

6. The pharmaceutical composition according to claim 1,
wherein the wounds include contusion or bruise, non-
healing traumatic wounds, the disruption by irradiation,
abrasion, bone gangrene, laceration, avulsion, penetrated
wound, gun shot wound, cutting, burn, cold sores,
cutaneous ulcers, xeroderma, skin keratosis, break,
rupture, dermatitis, pain by dermatophyte, wounds by
surgery or by vascular disorder, corneal wounds, pressure
sore, bed sore, certain conditions associated with
diabetes such as diabetic cutaneous disorder and with poor
circulation, chronic ulcers, suture site caused by plastic

surgery, spinal traumatic wounds, gynecological wounds, chemical wounds and acne.

7. The pharmaceutical composition according to claims 1 or 6, which is used at an amount of from 0.01 to 0.1 g/cm² in the treatment of full thickness defect wounds.

8. A pharmaceutical composition for the treatment of wounds, comprising a pharmaceutically effective amount of blood serum as an active agent.

9. The pharmaceutical composition according to claim 8, wherein pH is in the range of 3.5 to 6.6.

10. The pharmaceutical composition according to claim 8, wherein the active agent is derived from livestock.

11. The pharmaceutical composition according to claim 8, wherein it is topically administered.

12. The pharmaceutical composition according to claim 8, in the form of creams, ointments, gels, liquids or patches.

13. The pharmaceutical composition according to claim 8, wherein the wounds include contusion or bruise, non-healing traumatic wounds, the disruption by irradiation, abrasion, bone gangrene, laceration, avulsion, penetrated wound, gun shot wound, cutting, burn, cold sores, cutaneous ulcers, xeroderma, skin kefatosis, break,

rupture, dermatitis, pain by dermatophyte, wounds by surgery or by vascular disorder, corneal wounds, pressure sore, bed sore, certain conditions associated with diabetes such as diabetic cutaneous disorder and with poor circulation, chronic ulcers, suture site caused by plastic surgery, spinal traumatic wounds, gynecological wounds, chemical wounds and acne.

14. The pharmaceutical composition according to claims 8 or 13, which is used at an amount of from 0.01 to 0.1 g/cm² in the treatment of full thickness defect wounds.

Statement

We wish to amend the claims under Article 34 of PCT as follows:

1. delete the words "or serum" from claim 1;
2. add new claim 7 to read that "The pharmaceutical composition according to claims 1 or 6, which is used at an amount of from 0.01 to 0.1 g/cm² in the treatment of full thickness defect wounds.";
3. add new claim 8 to read that "A pharmaceutical composition for the treatment of wounds, comprising a pharmaceutically effective amount of blood serum as an active agent.";
4. add new claims 9 through 14 which describe the same matters as claims 2 through 7, respectively, but depend on claim 8.

Submitted hereby is a correction pursuant to Article 106-36(3) of the Enforcement Regulations of the Patent Law along with the Demand under Article 31 of the PCT.

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